Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jerome M Weil	11 21 2014
Mailing Address 101 Durham Drive	Amount
City State Zip Code	35.00
Lafayette LA 70508	Transaction ID : 1c74a8f6-33e5-4080-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 21 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Jerome M Weil	Date of Public Distribution/Dissemination
Mailing Address	11 21 2014
Mailing Address 101 Durham Drive	Amount
City State Zip Code	9.00
Lafayette LA 70508	Transaction ID : 2cfcb891-2784-4a40-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 / 21 / 2014
Name of Federal Candidate Support Offic	ee Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disb 297414.55	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Date	11 23 2014
Signature	

Schedule E)				PAGE 2 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Joshua J Huffman			M -	
Mailing Address 211 Dixie Ave			1 Amount	1 21 2014
City	State	Zip Code	- [45.00
Harrisonburg	VA	22801		ction ID: 9179bd8d-46bc-4e62-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	297414.55	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Laura U Logie				M / D D / Y Y Y Y Y 1 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		30.00
Harrisonburg	VA	22801		tion ID : e86f2e2c-832b-467e-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	297414.55	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es			75.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	
(c) TOTAL Independent Expenditures			•	77
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		23 / 2014

Schedule E)	L /(L.()	1101120		PAG FOR	E 3 OF 33 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FICATION NUMBER ▼
Women Speak Out PAC					30766
				O coss	50705
Check if 24-hour report 48-hour report	New repo	oort Amends rep	oort filed on	M M / D	D / Y = Y = Y
Full Name of Payee Maggan F McDaniel			Dat	e of Public Dist	ribution/Dissemination
Maegan E McDaniel					21 2014
Mailing Address 3009 Skelly St			Am	ount	
City S	State	Zip Code			30.00
	LA	71107			40eb62c-565a-4e8d-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M = M / D	21 2014
Name of Federal Candidate		Support	Office Sou	aht: Ho	ouse District: 00
Ms. Mary L Landrieu		Oppose			nate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	297414.55	Disbursem 2014	ent For: Other (specify)	Primary General
Full Name of Payee			Da		ribution/Dissemination
Maegan E McDaniel				M M / D	D / Y Y Y Y
Mailing Address 3009 Skelly St				11	21 2014
<u> </u>			Am	ount	
City	State	Zip Code			4.80
	LA	71107	Tra Da	saction ID : 4b	fd5387-4506-428d-b ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002			21 2014
Name of Federal Candidate		Support	Office Sou	ıght: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose	Pre:	sident X Se	enate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursen 2014	nent For: Other (specify)	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expenditures			···· >		34.80
(b) SUBTOTAL of Unitemized Independent Expenditure	;s		··· •		4
(c) TOTAL Independent Expenditures			>	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Dat	te 11	23	2014
Signature					

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
_	C-00330700
Check if 24-hour report 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Bobbie M Steinsholt	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St	Amount
City State Zip Code	30.00
Shreveport LA 71107	Transaction ID : 16ba14fa-24c6-4642-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 / 21 / 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 297414.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive	Amount
City State Zip Code	35.00
charlotte NC 28227	Transaction ID: 715ff4bd-0b7d-4d86-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	01
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	e President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 297414.55	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Signature	Date 11 23 2014
Oignatule	

Schedule E)	LIVI EXI LIVE	THORIES	<u> </u>	PAGE 5 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			M M /	21 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		18.00
charlotte	NC	28227		: 7d6b61f4-6f97-4ac3-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Virginia T Grant			M M /	21 2014
Mailing Address 134 Shore Crest Circle			Amount	
City	State	Zip Code		40.00
Carrire	MS	39426		: 9b90fa3b-44e9-4ac2-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			58.00
(,,			7	4
(b) SUBTOTAL of Unitemized Independent Expe	enditures)	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	11 / 23	2014
•				

Schedule E)				PAGE 6 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			M	Public Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			Amount	1 21 2014
City	State	Zip Code		7.50
Carrire	MS	39426		ction ID: 5a002577-d3b1-4ac5-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	297414.55	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Virginia T Grant				11 21 / 2014
Mailing Address 134 Shore Crest Circle			Amoun	t
City	State	Zip Code		40.00
Carrire	MS	39426		tion ID: 1847a2d8-73e8-42c4-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	297414.55	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	s			47.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	23 / 2014

Schedule E)				PAGE 7 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			м	
Mailing Address 134 Shore Crest Circle			Amount	21 2014
City	State	Zip Code		7.50
Carrire	MS	39426		ion ID: 3bec30d7-c6c2-4ee3-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement Fe 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Tammay Williams			M 11	
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70116		on ID : 711c5bbe-4f04-4b5a-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	297414.55	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	S		.	87.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures			7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		23 / 2014

Schedule E)	INT EXICIND	ITORES		PAGE 8 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = N	
Mailing Address 924 N. Prieur St			Amount	21 2014
City	State	Zip Code		18.00
New Orleans	LA	70116		on ID : dd4ff20c-5633-4138-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For 2014 Other	or:
Full Name of Payee			Date of P	Public Distribution/Dissemination
Beau Autin			M - M	21 2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		40.00
Metairie	LA	70006		on ID : 87c1c563-a0db-41bf-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	297414.55	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			58.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7 1 7 1 7 1
				4
(c) TOTAL Independent Expenditures			•	47- 1 47- 1 47- 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		23 2014
-				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	С	C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M	/ D D / Y Y Y Y
T	Full Name of Payee	Date of Pu	blic Distribution/Dissemination
	Beau Autin	M M	/ D D / Y Y Y Y Y Y Y 2014
	Mailing Address 345 Auroura Ave	Amount	
ŀ	City State Zip Code	· · · ·	1.86
	Metairie LA 70006		on ID: dde5d4b0-2b43-4426-b sbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M M	21 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For	: Primary
ŀ	Full Name of Payers		
	Full Name of Payee Antoinette Franklin	Date of Pu	ublic Distribution/Dissemination
ľ	Mailing Address 8822 Apple St	Amount	21 2014
ŀ	City State Zip Code		60.00
			n ID : e5647dcd-054c-449c-9 sbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M 11	
ľ	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		61.86
(b) SUBTOTAL of Unitemized Independent Expenditures		7.1.7.1.7.1
(c) TOTAL Independent Expenditures		7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D 2	3 2014
	Signature		

PAGE

OF

33

Schedul	e E)	VI =/\(\) = \(\).	1101120		PAGE 10 OF 33 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
					0 000000.00
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	ame of Payee Dinette Franklin			Date	of Public Distribution/Dissemination
					11 21 2014
Mailing	g Address 8822 Apple St			Amou	ınt
City		State	Zip Code	-	13.50
	Orleans	LA	70188		saction ID : 1aa68943-ab09-401d-b of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		11 21 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. M	lary L Landrieu		X Oppose	Presid	
-	alendar Year-To-Date er Election for Office Sought	2	297414.55	Disbursemer 2014	nt For:
	ame of Payee				of Public Distribution/Dissemination
She	ri J Peace			Г	11 21 2014
Mailing	g Address 9685 Paula St			Amou	
				Amou	unt
City		State	Zip Code		40.00
Keith		LA	71047	Transa Date	action ID : a5a26756-c1ea-462c-a of Disbursement or Obligation
Purpos Salar	se of Expenditure y		Category/ Type 001		11 / 21 / 2014
1	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. M	lary L Landrieu		X Oppose	Presid	lent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursemer 2014	nt For:
(a) SUI	BTOTAL of Itemized Independent Expenditu	res		·· >	53.50
(b) SUI	BTOTAL of Unitemized Independent Expend	Jitures		· ·	
(c) TO	FAL Independent Expenditures			•	7
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candic ommittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	23 2014
Sign	ature				

Schedule E)	LIVI EXI END	ITOTILO		PAGE 11 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Sheri J Peace			1	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		27.60
Keithville	LA	71047		ction ID: b5485e7c-298b-4167-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	1 21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	297414.55	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Jessica R Resendiz			M 1	1 21 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code	— r-	70.00
Keithville	LA	71047		tion ID : c0447d97-ff3c-4414-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expend	itures			97.60
				7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		23 / 2014

Schedule E)	11 EX. E.L.	1101120		PAGE 12 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				G 333333733
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			Date of	f Public Distribution/Dissemination
				11 21 2014
Mailing Address 9685 Paula St			Amoun	t
City	State	Zip Code		30.90
Keithville	LA	71047		action ID : c706e7d2-de69-4763-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement 2014 Ott	For:
Full Name of Payee			Date o	f Public Distribution/Dissemination
Darius Beverly				11 21 2014
Mailing Address 157 Bishop Drive			Amoun	
			Amoun	
City	State	Zip Code		60.00
Avondale	LA	70094		ction ID: 60c24834-459c-4a39-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	297414.55	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			90.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 11	23 2014
Signature		_		

Schedule E)	MI OI MOLI LINDL	IVI EXI EIVE	II OILO		PAGE 13 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if X 24-hour rep	ort 48-hour report	X New rep	oort Amends repo	ort filed on	W = M / D = D / Y = Y = Y
Ms. Dinah Bev					of Public Distribution/Dissemination
Mailing Address ₁₅₇	Bishop Drive			Amou	unt
City		State	Zip Code		60.00
Avondale		LA	70064		saction ID: 27a1b4c2-bc79-4632-b of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		11 21 2014
Name of Federal Can	didate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To Per Election for (2	297414.55	Disbursemer 2014	nt For: Primary
Full Name of Payee Ms. Dinah Beve	erly				of Public Distribution/Dissemination
Mailing Address 15	7 Bishop Drive			— L	11 21 2014
	·			Amou	unt
City		State	Zip Code	─ L.	7.50
Avondale		LA	70064		action ID: 2779f2eb-1558-4a49-8 of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002		11 / 21 / 2014
Name of Federal Car	didate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To Per Election for			297414.55	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Item	nized Independent Expendito	ures		··· >	67.50
(b) SUBTOTAL of Unit	temized Independent Expen	ditures		··· •	
(c) TOTAL Independer	nt Expenditures			· ·	7 1 7 1 7
with, or at the request		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 11	23 / 2014
Signature			_		

Schedule E)	IN EXICIO	ITOTILO		PAGE 14 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Susan K Hamby			M 1 M	21 / 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		35.00
West Monroe	LA	71292		D: bb5c8ebb-69c7-4693-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	297414.55	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Susan K Hamby			11	21 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		1.65
West Monroe	LA	71292		D : a9b06055-1642-4e8a-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	297414.55	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			36.65
			4	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 23	2014
- 3				

Schedule E)	JIII		1101120		PAGE 15 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak (Out PAC				C C00530766
Check if X 24-hour re	port 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Stephanie L I	leun				of Public Distribution/Dissemination
Mailing Address 802	26 S Wilwood Dr Apt 101			Amour	11 21 2014
C:h.		Cłoło	7:- 0-40		11.60
City Oak Creek		State WI	Zip Code 53154		11.60 action ID: 01a94834-92f9-4c2f-8 of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ındidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu	l 		Oppose	Preside	ent Senate State: LA
Calendar Year-7 Per Election for			297414.55	Disbursement 2014 Of	t For:
Full Name of Payee Francis Richar					of Public Distribution/Dissemination
Mailing Address 2	220 Doucet Rd			Amou	
City		State	Zip Code		35.00
Lafayette		LA	70503		ction ID : 31fd28f8-4ab8-4875-b of Disbursement or Obligation
Purpose of Expendi Salary	ure		Category/ Type 001	M	11 / 21 / 2014
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu	1		Oppose	Preside	
Calendar Year- Per Election fo			297414.55	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Ite	emized Independent Expendit	tures			46.60
(b) SUBTOTAL of Ur	nitemized Independent Exper	nditures		.	
(c) TOTAL Independent	ent Expenditures			· [
with, or at the reques		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electron	nically Filed] Date	e 11	23 2014
Signature					

Schedule E)	DENT EXTEND	TOTILO		PAGE 16 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Francis Richardson			M = M	lic Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount	21 2014
City	State	Zip Code		1.02
Lafayette	LA	70503		ID: e9cd5bfa-21c0-4fc6-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	297414.55	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
Full Name of Payee Alice K Salazar			Date of Pub	lic Distribution/Dissemination
Mailing Address 605 W Houston St			11	21 2014
			Amount	
City	State	Zip Code		80.00
Marshall Purpose of Expenditure	TX	75633		ID: d4097fad-f521-4c72-9 bursement or Obligation
Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			81.02
(b) SUBTOTAL of Uniternized Independent Exp	penditures			
(a) activities of containing mapping and any				7-1-7-1
(c) TOTAL Independent Expenditures			•	795
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 23	2014

Schedule E)	INI EXI END	ITOTILO	F	PAGE 17 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alice K Salazar				Distribution/Dissemination
Mailing Address 605 W Houston St			11 /	21 / 2014
maining reactors 605 W Houston St			Amount	
City	State	Zip Code		57.90
Marshall	TX	75633	I	0 : 1ecfe08d-d029-406f-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	297414.55	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ana L Esquivel			11 /	21 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		100.00
Carthage	TX	75633		: fa6c09b3-1ac5-40c7-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	111 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			157.90
#X			7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 23	2014
•				

Schedule E)	LIVI EXI LIVE	ITOTILO		PAGE 18 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Hilary Townsend			M 11	
Mailing Address 4506 US Hwy 79 North			Amount	
City	State	Zip Code		100.00
Deberry	TX	75639		ion ID: a3cc42e4-f88a-4988-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	297414.55	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Taylor De Julian-Hernandez			M 11	
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		100.00
Carthage	TX	75633		on ID: 38d7b3b3-4e39-4bd0-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendent	itures		•	200.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(b) SOBTOTAL OF STREETINGS INDEPONDENT EXPE			•	49- 1-4
(c) TOTAL Independent Expenditures			·	4 4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		23 2014

Schedule E)	IN EXICIO	HOHES	-	PAGE 19 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Taylor De Julian-Hernandez			M = M /	Distribution/Dissemination
Mailing Address 284 Cr 1401			Amount	21 2014
City Carthage	State TX	Zip Code 75633	Transaction II	52.80 D : 9d19ac0b-7405-4606-a
Purpose of Expenditure Mileage		Category/		rsement or Obligation
Name of Federal Candidate		Type 002 Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Elvis Spears			Date of Public	Distribution/Dissemination
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		35.00
New Orleans Purpose of Expenditure	LA	70119	Date of Disbu	rsement or Obligation
Salary		Category/ Type 001	11 /	21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought:	House District: 00 Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	87.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 23	2014

Schedule E)	INT EXILIND	ITOTILO		PAGE 20 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Elvis Spears			11 11	/ D D / Y Y Y Y Y Y 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		10.50
New Orleans	LA	70119		ID: dc2ce21b-8ada-482d-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Francesca Blom			M - M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount	21 2014
City	State	Zip Code		70.00
Winchester	VA	22602		ID: fb0b57c4-5fef-4825-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	297414.55	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	80.50
(b) SUBTOTAL of Uniternized Independent Exper	iditures			
			4	4
(c) TOTAL Independent Expenditures			>	49.
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 23	2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cynthia N Schmit	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2226 Taft Circle Apt 1	Amount
	City State Zip Code	10.00
	Winchester VA 22601	Transaction ID: 03069ee8-54e1-4dfe-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 21 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 297414.55 2014	
	Tot Election for Clinice Gought	Other (specify)
	Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
	Mailing Address 6101 NORA ST	11 21 2014 Amount
	City State Zip Code	65.00
	METAIRIE LA 70003	Transaction ID : 70cb20ca-ded1-49fd-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 21 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	75.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		1 23 2014
	Signature	

PAGE 21

OF

33

Schedule E)	ENT EXICID	ITOTIES		PAGE 22 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
ERIC TABARY			11	21 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		2.10
METAIRIE	LA	70003		ID: 383b3bc7-07f5-4d27-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Christopher L Gilbert			11	21 2014
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		80.00
Picayune	MS	39466		D: c2e4caf3-47d6-4eec-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			82.10
			7	7 4
(b) SUBTOTAL of Unitemized Independent Exp	enditures)	7
(c) TOTAL Independent Expenditures)	1 1 7 1 1 5 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 23	2014
•				

Schedule E)				PAGE 23 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert			М = М	blic Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	21 2014
City	State	Zip Code		47.10
Picayune	MS	39466		n ID : 868bf7db-3494-43b9-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	297414.55	Disbursement For 2014 Other (: Primary X General
Full Name of Payee Eva M Johnston			Date of Pu	blic Distribution/Dissemination
Mailing Address 2517 N 47th St			Amount	21 2014
City Milwaukee	State WI	Zip Code 53210		35.00 ID: 11f69b46-fabf-4122-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	297414.55	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	res		>	82.10
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 23	

Schedule E)	TOLITI EXI END	TOTILO		PAGE 24 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour rep	ort New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Joneisha Stewart			11	21 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		40.00
Marrero	LA	70072		ID: e9bbb682-cff8-4476-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	97414.55	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Joneisha Stewart			M M M 11	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		9.00
Marrero	LA	70072		D : 5420114a-0981-469d-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	297414.55	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures			49.00
			7	
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· •	7
(c) TOTAL Independent Expenditures			·	9 3
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 23	2014
	[Electron	ically Filed] Date		

Scl	hedule E)	J. 10.1.20		PAGE 25 OF 33 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC	С	C00530766	
Che	eck if X 24-hour report 48-hour report New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Evelyn Lesaicherre		M = M	ic Distribution/Dissemination
	Mailing Address 629 Radiance Ave		Amount	21 2014
-	City State	Zip Code		80.00
	Metairie LA	70001		ID: d8d1f398-d711-4405-a ursement or Obligation
Ī	Purpose of Expenditure Salary	Category/ Type 001	M 11	21 2014
t	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	297414.55	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
	Full Name of Payee Evelyn Lesaicherre		Date of Publi	ic Distribution/Dissemination
	Mailing Address 629 Radiance Ave		Amount	
	City State	Zip Code		3.90
	Metairie LA	70001		D: f88c310b-67fd-45f3-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11	21 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
-	Ms. Mary L Landrieu	X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	297414.55	Disbursement For: 2014 Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures		>	83.90
(I	b) SUBTOTAL of Unitemized Independent Expenditures		>	1 1 4 1 1 4 1
(0	c) TOTAL Independent Expenditures		>	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		onically Filed] Date	e 11 / 23	2014
	Signature			

Schedule E	E)	IVI EX EXE	1101120		PAGE 26 OF 33 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC		C C00530766		
Check if X	24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Jeann	e of Payee e Tribou				of Public Distribution/Dissemination
Mailing Ad	ddress 22369 Ponderosa Dr.			Amou	11 21 2014 nt
City		State	Zip Code		65.00
Mandevill	e	LA	70471		action ID : daee2203-18dc-4b6e-8 of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001		11 21 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	ent Senate State: LA
	ndar Year-To-Date Election for Office Sought		297414.55	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	e of Payee e Tribou				of Public Distribution/Dissemination
Mailing A	ddress 22369 Ponderosa Dr.			Amou	
City		State	Zip Code		7.80
Mandevil		LA	70471		ction ID : b720dae9-f3c1-49f0-b of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	N	11 / 21 / Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		297414.55	Disbursemen 2014 O	t For:
(a) SUBTO	OTAL of Itemized Independent Expendit	ures			72.80
(b) SUBTO	TAL of Unitemized Independent Exper	nditures			7 1 7 1 7
(c) TOTAL	Independent Expenditures			· .	7
with, or at	alty of perjury I certify that the indeper the request or suggestion of, any cand nittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	23 2014
Signatu	re				

Schedule E)	INI EXI END	ITORES		PAGE 27 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Cathy Longtin			M M /	21 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70124		D: 0a7fda4a-7736-4fa9-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	297414.55	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Cathy Longtin			11 /	21 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		9.60
New Orleans	LA	70124		: fc76ed45-33c5-47f0-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	297414.55	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			59.60
			7	7- 1-7-
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
(c) TOTAL Independent Expenditures)	1 4 1 0
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 23	2014
-				

Schedule E)	DENT EX ELLS.			PAGE 28 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report 48-hour repo	rt New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Donna S Wilson			Date of Pub	olic Distribution/Dissemination
Mailing Address 4456 Country Hill Dr			Amount	21 2014
	Ot-to	-		10.00
City Baton Rouge	State LA	Zip Code 70816		10.00 ID : 74e49b46-2695-414c-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dist	21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	297414.55	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee Donna S Wilson			Date of Pub	olic Distribution/Dissemination
Mailing Address 4456 Country Hill Dr			Amount	21 20
City	State	Zip Code		6.00
Baton Rouge	LA	70816		ID: eb718c91-31f7-4639-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		297414.55	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures			16.00
,				
(b) SUBTOTAL of Unitemized Independent E.	cpenditures		• •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 23	2014
Signature				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Philip Elkins	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr	nount
City State Zip Code	70.00
Bossier City LA 71111 Tra	ansaction ID : 2c4020bd-6c3f-4c3a-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 21 2014
Name of Federal Candidate Support Office Society	ught: House District: 00
Ms Mary I Landrieu	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 297414.55	ment For:
Full Name of Payee Da Philip Elkins	ate of Public Distribution/Dissemination
<u> </u>	11 21 2014
Mailing Address 227 Lincoln Dr	mount
City State Zip Code	15.54
Da	insaction ID: 56e2338a-27bc-4206-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 21 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 297414.55	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	23 2014
Signature	

PAGE 29

OF

33

Schedule E)	LIVI EXI END	TTOTILO	F	PAGE 30 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC	00530766			
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Colton R Overcash			Date of Public	Distribution/Dissemination
Mailing Address 121 Ohara Dr			11 Amount	21 2014
0.11	01-1-	7:- 0-1-		400.00
City Salisbury	State NC	Zip Code 28147		100.00 1: 313fb12f-a2cc-4ae5-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	297414.55	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Colton R Overcash			Date of Public	Distribution/Dissemination
Mailing Address 121 Ohara Dr			11	21 2014
			Amount	
City	State	Zip Code		72.30
Salisbury Purpose of Expenditure	NC	28147		: b14c67df-99ca-46d3-9 sement or Obligation
Mileage		Category/ Type 002	11 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	297414.55	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			172.30
(b) SUPTOTAL of Uniterprised Independent Even	andituro o		7	
(b) SUBTOTAL of Unitemized Independent Expe	manures		· -	7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 23	2014
-				

Schedule E)	OI INDEPENDENT	LAFLINDI	TOTILS		PAGE 31 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Out		C C00530766			
Check if 24-hour report	48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Christine Stevens	3			Da	ate of Public Distribution/Dissemination
Mailing Address 100 Asbu	ury Ct			Am	11 21 2014 mount
City		State	Zip Code	— г	70.00
Winchester		VA	22602		ransaction ID: 06d72723-3f47-4885-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		11 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	te		Support	Office Sou	ought: House District: 00
Ms. Mary L Landrieu			X Oppose	Pre	esident State: LA
Calendar Year-To-Dat Per Election for Office			97414.55	Disbursen 2014	ment For:
Full Name of Payee				Da	ate of Public Distribution/Dissemination
Jazmine d Conner					11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 AS	SBURY CT			An	mount
City		State	Zip Code		70.00
WINCHESTER		VA	22602		ansaction ID : fe2b018d-a0f9-4bd9-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		11 / 21 / 2014
Name of Federal Candida	ite		Support	Office So	ought: House District: 00
Ms. Mary L Landrieu			X Oppose	Pre	esident Senate State: LA
Calendar Year-To-Dat Per Election for Offic		7 7	297414.55	Disburser 2014	ment For:
(a) SUBTOTAL of Itemized	d Independent Expenditures	S		.	140.00
(1) OUDTOTAL (11)					
(b) SUBTOTAL of Unitemize	zea inaepenaent Expenaitu	res		··· •	4 4
(c) TOTAL Independent Ex	kpenditures			··· •	
	uggestion of, any candidate	e or authorized			in cooperation, consultation, or concert (if the reporting entity is not a political
Ms. Emily Buch	nanan	[Electron	ically Filed] Dat	te 11	23 2014
-					

Schedule E)	LIVI EXI END	HONES		PAGE 32 OF 33 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jon E Conner			M M /	21 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 6f6222ec-13f3-4c43-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	297414.55	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Rodney O Culbreath			11 /	21 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 0fcd7d33-88b2-4323-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	297414.55	Disbursement For: 2014 Other (sp	Primary ∑ General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			140.00
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 23	2014
- 3				

Schedule E)	DENT EXTEND	HONES	PA(FO	GE 33 OF 33 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC	C coo	530766		
Check if 24-hour report 48-hour report	New rep	port Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Rodney D Culbreth			M M / D	stribution/Dissemination
Mailing Address 100 Asbury CT			Amount	21 2014
3200 Dam Neck Rd				
City	State	Zip Code		70.00
Winchester	VA	22602	Transaction ID : 0 Date of Disbursen	01256539-4f43-4065-9 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		21 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose		enate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	297414.55	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Rze Culbreath			M M / D	21 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602	Transaction ID: 31 Date of Disburser	bc4b874-4e9d-47f2-a nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		Oppose	President S	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	297414.55	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	140.00
(b) SUBTOTAL of Uniternized Independent Exp	penditures			
(,,			4	4 4
(c) TOTAL Independent Expenditures			>	2729.97
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 23	2014
Signature				